

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
ADULT ABUSE, NEGLECT, EXPLOITATION CENTRAL REGISTRY  
REQUEST FOR INFORMATION**

**All information released will be for the exclusive and confidential use of the agency requesting the information. The information provided by the applicant is true and correct to the best of the agency's knowledge.**

\_\_\_\_\_ has applied for employment with our agency.  
**(PRINT ONLY)**

Maiden Name and/or Other Names known by: \_\_\_\_\_  
**(PRINT ONLY)**

**DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sex:** M or F  
(mm/dd/yyyy) (circle one)

**Agency Information (please print)**

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Mailing Address \_\_\_\_\_  
**Street, City, State, Zip**

**RETURN TO:** Adult Abuse Registry  
915 SW Harrison Room 551 South  
Topeka, Kansas 66612

**FOR CENTRAL OFFICE USE ONLY:**

Record found?

Yes \_\_\_\_ No \_\_\_\_ If yes, finding: \_\_\_\_ AB \_\_\_\_ NG \_\_\_\_ EX \_\_\_\_ FA (Check all that apply)  
"Yes" indicates the individual is listed on the Adult Abuse, Neglect, Exploitation Registry

Perpetrator's Name: \_\_\_\_\_

Region: \_\_\_\_\_ Date Report Substantiated: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_